## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

|   | FOR LINE NUMBER: |                  |  |     | PAGE | : 2 | 23 OF | =  | 36 |    |  |  |
|---|------------------|------------------|--|-----|------|-----|-------|----|----|----|--|--|
| Use separate schedule(s)                          | (che             | (check only one) |  |     |      |     |       |    |    |    |  |  |
| for each category of the<br>Detailed Summary Page | X                | 11a              |  | 11b |      | 11c |       | 12 |    |    |  |  |
|   |                  | 13               |  | 14  |      | 15  |       | 16 |    | 17 |  |  |

|  | Statements may not be sold or used by any personal he name and address of any political committee to |  |  |  |  |
|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) American College of Cardiolog  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. Scott Taylor Riebel M.D., F.A.                               |  | Date of Receipt  |  |  |  |
| Mailing Address 2183 Lois Ln   |  | 01 31 2012 The state of the sta |  |  |  |
| City Lancaster   | State Zip Code<br>PA 17601-5752  | Transaction ID: 7929E0FB281A3D845BD  Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.   | C  | 250.00   |  |  |  |
| Name of Employer  Heart Specialists of Lancaster, PC  Receipt For:  Primary General  Other (specify) ▼   | Occupation INTERVENTIONAL CARDIOLOGY  Aggregate Year-to-Date ▼  250.00                               |  |  |  |  |
| Full Name (Last, First, Middle Initial)  B. John F. Robb M.D., F.A.  Mailing Address 1 Medical Center Dr | Date of Receipt  |  |  |  |  |
| City<br>Lebanon  | State Zip Code<br>NH 03756-1000  | 01 07 2012  Transaction ID : DFC25BE6-862C-472C-  Amount of Each Receipt this Period   |  |  |  |
| FEC ID number of contributing federal political committee.   | C  | 250.00   |  |  |  |
| Name of Employer  Dartmouth-Hitchcock Medcl Ctr  | Occupation ADULT CARDIOLOGY  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  250.00   |  |  |  |  |
| Full Name (Last, First, Middle Initial)  Luis F. Rodriguez-Ospina M.D.,                                  | F.A.   | Date of Receipt  |  |  |  |
| Mailing Address Alturas De Torrimar Street 2 Blk 6 #10   |  | 01 18 2012   |  |  |  |
| City<br>Guaynabo   | State Zip Code<br>PR 00969   | Transaction ID : F10F67C3C0A3DA4598C  Amount of Each Receipt this Period   |  |  |  |
| FEC ID number of contributing federal political committee.   | C  | 250.00   |  |  |  |
| Name of Employer  VA Caribbean Healthcare System   | Occupation ADULT CARDIOLOGY  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 250.00  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |  | 750.00   |  |  |  |

TOTAL This Period (last page this line number only).....